Incidental entry of a colonoscope into the scrotum: not a mystery but a missed history

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DESCRIPTION
A colonoscopy was performed to exclude colonic malignancy in a 50-year man with chronic constipation. The procedure was started under conscious sedation. After insertion of about 60 cm of the length of the colonoscope, the patient reported of pain in the lower abdomen on attempting to push the scope further. Examination of the abdomen at that time did not reveal any loop formation. However, we found that the scrotum was enlarged and transillumination of the scrotum was seen from the light at the tip of the colonoscope (figure 1 and video 1). Further negotiation of the scope was not possible and the scope was withdrawn following which the pain subsided. Subsequently, the patient revealed that he had been having a reducible left-sided inguinal hernia for 2 years, which was missed in the history. A CT was performed confirming that he had an indirect inguinal hernia on the left side with the sigmoid colon as the content of the hernia sac. Fortunately, the patient did not develop any complications. There are a few reports of incarceration of the colonoscope with or without perforation in patients with inguinal hernias.1–3 Hence, though not an absolute contraindication for colonoscopy, it is important to know whether a patient has an inguinal hernia before the procedure so as to avoid rare complications.

Learning points
▸ If there is difficulty in advancing the colonoscope and the patient has lower abdominal pain, apart from examining the abdomen for loop formation, the scrotum must also be examined.
▸ History should be assessed and physical examination performed to exclude an inguinal hernia in all patients prior to performing a colonoscopy so that complications related to possible entry of the colonoscope into the hernia can be avoided.

REFERENCES

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